

## Additional questions about proposed interstate licensing compacts

**To be completed by proposal sponsor. (500 Word Count Limit for this page)**

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*\*Please fill out this form in addition to the applicable Questionnaire A or B.*

Bill Number: [H.F. 729 /S.F. 1322](#)

1. Who would be affected by the compact? Are any of these practitioners unionized? If so, which unions represent these practitioners?

Physical therapists (PT) and physical therapist assistants (PTA) who are licensed in Minnesota, their home state, will be affected by the compact. They will have an opportunity to practice in other compact member states under compact privilege so long as the state belongs to the compact.

Unionization is extremely rare among PTs and PTAs. That said, physical therapists working at Abbott Hospital, within the Allina Health System, recently negotiated their first contract and are represented by SIEU HCMN. PTs and PTAs at that particular hospital are the only example that we are aware of.

2. How will practitioners who are not represented by the advocates learn about the bill?

The PT Compact bill has been a priority of APTA MN for several years. We've offered numerous Town Hall meetings for members and non-members on this topic. Using social media and encouraging discussions within practice environments, we've intentionally reached out to non-members. The DPT programs and the PTA programs have been provided modules for student education.

Do standards for practice and/or licensing vary throughout the country? How?

There are national standards of practice for physical therapists and physical therapist assistants are established by the American Physical Therapy Association. These standards apply to the entire profession, regardless of membership status.

Licensing is a different matter. Each state has its own process and requirements for licensure under the law. Regardless of those differences, the standards of practice still apply either under licensure or compact privilege anywhere.

The scope of practice of a physical therapist and the scope of work of a physical therapist assistant varies from state to state and applies to the state in which the patient is being treated.

3. Does the compact already exist? When did it become active? Which states are members of the compact? If not, when will it become active?

The compact achieved its threshold of 10 member states in 2017 and has been active since July 2018. Currently there are 31 member states that actively issue and accept Compact privileges. Additionally, there are 6 legislation enacted states that are not yet issuing or accepting Compact privileges and 9 states that have introduced legislation. (details below) Source: <https://ptcompact.org/ptc-states> (as of 02/16/24)

31 Member States – Actively issuing and accepting Compact privileges  
(\* Includes all 4 MN border states)

- |                  |                    |
|------------------|--------------------|
| 1. Oregon        | 18. Ohio           |
| 2. Washington    | 19. Kentucky       |
| 3. Montana       | 20. Tennessee      |
| 4. Utah          | 21. Georgia        |
| 5. Arizona       | 22. West Virginia  |
| 6. Colorado      | 23. Virginia       |
| 7. North Dakota* | 24. North Carolina |
| 8. South Dakota* | 25. South Carolina |
| 9. Nebraska      | 26. Maryland       |
| 10. Oklahoma     | 27. Delaware       |
| 11. Texas        | 28. New Hampshire  |
| 12. Iowa*        | 29. Washington DC  |
| 13. Missouri     | 30. New Jersey     |
| 14. Arkansas     | 31. Indiana        |
| 15. Louisiana    |                    |
| 16. Wisconsin*   |                    |
| 17. Mississippi  |                    |

Additionally there are 6 Legislation Enacted States – Not yet issuing or accepting Compact privileges:

1. Kansas
2. Alabama
3. Pennsylvania
4. Connecticut
5. Vermont
6. Maine

There are 9 more Legislation Introduced States:

1. MINNESOTA
2. Illinois
3. Alaska
4. Hawaii
5. New York

6. Vermont
7. Massachusetts
8. Rhode Island
9. Florida

4. How many of the affected occupations are currently working in MN? How many are expected to work in Minnesota if the compact is approved?

According to the MN Board of Physical Therapy (Jan. 2024), there are 8,100 licensees in Minnesota, including over 6,300 physical therapists and over 1,700 physical therapist assistants.

There is no way to predict the future trends in PT practitioners in the state. Today however, according to the MN Dept. of Health, there are shortages in the physical therapy workforce in MN and that shortage will likely increase relative to the need/demand.

PTs and PTAs working in MN can continue to do so if they, for example, move across the state border and live in another state. In that case, the individual would have to secure a license in that new state and then continue to practice in MN under compact privilege.

As of February 16, 2024, 5,960 unique individuals hold 10,223 active compact privileges. The following table shows the number of active compact privileges, by state:

Jurisdiction	Number of Active Compact Privileges
AR	198
AZ	467
CO	557
DC	41
DE	208
GA	588
IA	314
IN	222
KY	333
LA	258
MD	304
MO	287

MS	179
MT	150
NC	603
ND	96
NE	237
NH	131
NJ	99
OH	385
OK	322
OR	448
SC	350
SD	132
TN	467
TX	615
UT	210
VA	723
WA	888
WI	114
WV	297
Grand Total	10223

5. Will Minnesota's regulatory authority be notified when an out-of-state practitioner begins practice in Minnesota? What process, if any, will be followed?

Yes, when the compact language was drafted in 2015, it was very important that a state know who has the legal authority to provide physical therapy within their borders. Every morning, each state receives an email listing every person who purchased a compact privilege for that state since the previous day. In addition to this email, the state board can develop an API interface where the information is automatically pushed to the state's database when the compact privilege is purchased.

6. How will out-of-state practitioners be regulated while in MN? Will Minnesota's regulatory agency accept and investigate complaints regarding out-of-state licensees? If not, what is the process for a patient to make a complaint?

Under the statute, the MN Board of PT retains the authority to accept and investigate any complaints against individuals practicing in MN under Compact privilege just as they do for licensees. If, after conducting an investigation, the board plans to take action against the individual, it must do so in accordance with the state's due process laws. In addition, the home state's licensing board may also take action against the same individual's license, depending on the infraction.

If Minnesota takes action against the compact privilege, all compact privileges (in any other states) that the individual holds are immediately terminated. Similarly, if the home state disciplines the home state license, all compact privileges are immediately terminated. Just because a compact privilege is terminated does not mean that the individual is prohibited from applying directly to any state board for a license. It is up to the licensing board, during the license application process, to determine if the nature of the disciplinary action would prevent the individual from obtaining a license in the state.

7. Does the regulator body have capacity/how will it increase capacity to handle additional complaints? Will out-of-state practitioners pay a fee to increase regulatory capacity?

Based on information from other member states, there shouldn't be a significant increase in potential complaints associated with compact privilege holders. To be eligible for a compact privilege, the individual must purchase the compact privilege. In addition to the fee to the compact commission (currently \$45), each state has the ability to charge a state fee. The compact commission collects all revenues at the time of purchase and remits to the state board the amount collected on its behalf at the end of each month.

The license fee in MN for a PT or a PTA is \$60.00 per year and there hasn't been an increase in years.